

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875).

INITIAL NO. 10/089631  
FILING DATE  
APPLICANT ID

CLAIMS					
AC FILES	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AC FILES
	IND.	DEP.	IND.	DEP.	
1	1				51
2	1				52
3	1				53
4	1				54
5	1				55
6	1				56
7	1				57
8	1				58
9	1				59
10	1				60
11	1				61
12	1				62
13	1				63
14					64
15	1				65
16	1				66
17	1				67
18	1				68
19	1				69
20					70
21	1				71
22	1				72
23	1				73
24	1				74
25	1				75
26	1				76
27	1				77
28	1				78
29	1				79
30	1				80
31	1				81
32	1				82
33	1				83
34	1				84
35	1				85
36	1				86
37					87
38					88
39					89
40					90
41					91
42					92
43					93
44					94
45					95
46					96
47					97
48					98
49					99
50					100
TOTAL IND.	2				TOTAL IND.
TOTAL DEP.	32	↓	↓	↓	TOTAL DEP.
TOTAL CLAIMS	34				TOTAL CLAIMS

BEST AVAILABLE COPY